TPDR6702				NORTH CAROLINA		PAGE	. 1	
	05/07/2006			CHECKWRITE SUMMARY REPORT			_	
				ECKWRITE DATE: 05/09/2006				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		muc	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS FINALIZED	CLAIMS
	FROVIDER NAME				DENTALS	DENTALS	FINALIZED	FAID
3404901	SMOKY MOUNTAINM	8505	1326	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	129	FURTHER PROCESSING NECESSARY,	0	1576	1761	185
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	111	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8505	2186	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		4807	31	SERVICE DENIED. UNIT LIMITATIO	0	2297	2856	559
				N HAS BEEN EXCEEDED FOR THIS				
				SERVICE	1			
	1	8599	23	DETAIL NOT COVERED BY COMBINAT	1			
<b>-</b>		0000		ION OF RECIPIENT, PROVIDER AND	-			
		1	-	BENEFIT PACKAGE.	1			
		1		- ANDROM				
3404910	PATHWAYS	8505	3250	CLAIM DENIED DUE TO INSUFFICIE	1			
	FAIRWAIS			NT BUDGET				
		1						
		8800	137	FURTHER PROCESSING NECESSARY,	1	3507	3741	234
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	73	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CAMANDA COMMUNA	8534	63	SERVICE FACILITY LOCATION IS N				
3404312	CATAWBA COUNTYM ENTAL HEALT	0004	00	OT A VALID IPRS ATTENDING				
	ENIAL READI			PROVIDER. PLEASE VERIFY THE F				
		8931	32	AMTNC INELIGIBLE TO RECEIVE SE	36	135	1455	1320
				RVICES IN IPRS.				
		8649	7	CLAIM DENIED MAXIMUM ALLOWED 2				
				6 OCCURRENCES HAVE PROCESSED				
				AND PAID, PA IS REQUIRED.				
3404913		11	5493	CLIENT NOT ELIGIBLE ON SERVICE				
	MECKLENBURG COM	1		DATE	1			
	ENTAL HEALT	1			1	1		
					<b>†</b>			
		8933	700	ADTNC INELIGIBLE TO RECEIVE SE	888	6400	6511	111
				RVICES IN IPRS.			.,,	
		8931	113	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.			-	
0.10.101.6								
3404916	CROSSROADS BEHA	U	U	*** NO DATA TO REPORT ***	1			
	VIORAL HEAL	1			1			
					-			
	+	0	0				0	
	+	1			0	0	0	0
					<b>†</b>			
3404917	CENTERPOINT HUM	8505	1792	CLAIM DENIED DUE TO INSUFFICIE	1			
	AN SERVICES			NT BUDGET				
		8599	270	DETAIL NOT COVERED BY COMBINAT	203	2766	4867	2101
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			-	
	1							
			138	ATTENDING PROVIDER TYPE AND SP	1	1		1
		8536	130					
		8536	130	ECIALTY COMBINATION IS NOT				
		8536	130					

ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	PAID
404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	(
404919	GUILFORD CO MEN	8505	315	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		2000						
		8800	65	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	6	455	680	225
				FUTURE RA'S.				
		11	13	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
404920	ALAMANCE CASWEL	5404	54	SEVERE DUPLICATE: SAME ATTD PR				
	L AREA MH D			OV/PCODE/TOS/DOS/MOD				
		8599	50	DETAIL NOT COVERED BY COMBINAT	2	166	376	210
				ION OF RECIPIENT, PROVIDER AND		200	370	
				BENEFIT PACKAGE.				
		8534	28	SERVICE FACILITY LOCATION IS N				-
			<u> </u>	OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
404024		9505	2100	CLAIM DENIED DUE TO INSUFFICIE				
404921	ORANGE PERSON C	8505	2108	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	HATHAM AREA	1	-					
		8800	304	FURTHER PROCESSING NECESSARY,	2	2638	3155	517
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				LOZOM MI O.				
		8599	62	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404922	THE DURHAM CENT	8505	2980	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		8329	345	CLAIM DENIED ATTENDING PROVIDE		2025	4470	000
		0323	343	R CANNOT BE THE SAME AS	34	3935	4173	238
				THE LMA				
		8599	253	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404923	FIVE COUNTY MH	11	118	CLIENT NOT ELIGIBLE ON SERVICE				
		-	-	DATE				
		1						
		8534	17	SERVICE FACILITY LOCATION IS N	1	194	412	218
-				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8599	12	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404925		8505	557	CLAIM DENIED DHE TO INSUFFICIE				
404925	SANDHILLS CENTE	8505	557	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD							<b> </b>
		8599	248	DETAIL NOT COVERED BY COMBINAT	34	1502	3360	1858
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	144	SERVICE REQUIRES PRIOR APPROVA				
				L				
								-
404926	SOUTHEASTERN RE	8599	383	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	E0.	DUDY FORTER OF GYATH OVOR				
		21	50	DUPLICATE OF CLAIM-SYSTEM	24	619	6919	6300
		11	32	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER NUMBER				T.	1			
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
	DROUTERS WAVE	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8505	843	CLAIM DENIED DUE TO INSUFFICIE				
	HC .			NT BUDGET				
		5404	361	SEVERE DUPLICATE: SAME ATTD PR	0	1454	2881	1427
				OV/PCODE/TOS/DOS/MOD				
		8800	82	FURTHER PROCESSING NECESSARY,				
<b></b>				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404929		0	0	*** NO DATA TO REPORT ***				
	LEE HARNETT MH/ DD/SAS	ŭ .		NO BILL TO REPORT				
ľ	DD/ SAS							
		0	0		0	0	0	
3404930	JOHNSTON COUNTY	11	22	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		8505	17	CLAIM DENIED DUE TO INSUFFICIE	0	52	87	35
				NT BUDGET				
<b></b>		-	1		-			
<b>.</b>		0500	11	DETAIL MOT COMPRED BY COMPANY	1			
		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	-			ļ
<b> </b>		-	1	BENEFIT PACKAGE.	<b>I</b>			
		-	<del>                                     </del>	- LINGUIGH.				
3404931	WAKE CO HUM SVC	8505	3857	CLAIM DENIED DUE TO INSUFFICIE	<b>+</b>	1		-
i i	BILLING OF			NT BUDGET				
			1		<b> </b>			
		8800	115	FURTHER PROCESSING NECESSARY,	12	4165	4740	575
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	97	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	SOUTHEASTERN CT	79	214	THIS SERVICE IS NOT PAYABLE TO				
	R FOR MH/DD			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
<b> </b>		8599	179	DETAIL NOT COVERED BY COMBINAT	470	204	2772	000
<b> </b>		0399	175	ION OF RECIPIENT, PROVIDER AND	178	801	3770	2969
				BENEFIT PACKAGE.				
		8931	134	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONSLOW CARTERET	11	1292	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAV HEAL			DATE				
		21	1200	DUPLICATE OF CLAIM-SYSTEM	108	5064	8264	3200
<b> </b>			1		<b></b>			ļ
ļ l		1	1					
. —		8599	646	DETAIL NOT COVERED BY COMBINAT	-			
		0000	040	ION OF RECIPIENT, PROVIDER AND				
								1
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0					
	WAYNE CO MENTAL HEALTH CTR	0	0	BENEFIT PACKAGE.				
	WAYNE CO MENTAL HEALTH CTR	0	0	BENEFIT PACKAGE.				
		0	0	BENEFIT PACKAGE.				
		0	0	BENEFIT PACKAGE.	0	0	0	
		0	0	BENEFIT PACKAGE.	0	0	0	
	HEALTH CTR	0	0	RENEFIT PACKAGE.	0	0	0	(
3404936	HEALTH CTR  WILSON-GREENE M	0	0	BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE	0	0	0	(
3404936	HEALTH CTR	0	0	RENEFIT PACKAGE.	0	0	0	
3404936	HEALTH CTR  WILSON-GREENE M	0	0 0 304	BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE	0	0	0	
3404936	HEALTH CTR  WILSON-GREENE M	8505		BENEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  WT BUDGET	0			
3404936	HEALTH CTR  WILSON-GREENE M	0	0 0 304	RENEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	0	0	0	
3404936	HEALTH CTR  WILSON-GREENE M	8505		RENEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0			
3404936	HEALTH CTR  WILSON-GREENE M	8505		RENEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	0			
3404936	HEALTH CTR  WILSON-GREENE M	8505 8599		SENSETT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.	0			
3404936	HEALTH CTR  WILSON-GREENE M	8505		EENEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.  THIS SERVICE IS NOT PAYABLE TO	0			
3404936	HEALTH CTR  WILSON-GREENE M	8505 8599		SENSETT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.	0			

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		0.4						
3404937	EDGECOMBE NASH	21	54	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		191	6	CLIENT ID NUMBER DOES NOT MATC	_			
			ŭ .	H PATIENT NAME	0	62	2252	2190
		79	1	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8505	51	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		2000	0.0	TUDBURD PROGRAMMA MICHAEL				
	-	8800	26	FURTHER PROCESSING NECESSARY,	0	117	231	114
				PLEASE CHECK FOR CLAIM ON				
	1			FUTURE RA'S.				
		537	21	PROCEDURE IS NOT COVERED FOR T				-
		J-1		PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				-
	1	1		- 1000 No. 10000000MM				
	1	1						
3404941	PITT CO MH/DD/S	21	2425	DUPLICATE OF CLAIM-SYSTEM		1		-
	AS CENTER							
	TO CHILLIA							
		8599	1056	DETAIL NOT COVERED BY COMBINAT	1	4109	9342	5233
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8950	188	CLIENT ONLY ENROLLED IN TRACKI				
				NG POP GROUP. MUST ALSO BE				
				ENROLLED IN A FUNDED POP GROUP				
3404942	ROANOKE CHOWANH	21	47	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		0004	_					
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	5	62	571	509
				AVICES IN IPAS.				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
			-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA	8599	85	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	79	ATTENDING PROVIDER TYPE AND SP	53	316	1161	845
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
					-			
		8505	65	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
								ļ
3404944	-	21	9408	DUPLICATE OF CLAIM-SYSTEM				
~404544	EASTPOINTE HUMA	**	2400	DOLLIGHTE OF CHAIR-SIGIAM				
	N SERVICES							
	1	8599	3661	DETAIL NOT COVERED BY COMBINAT	044	10000	01.053	2222
	1			ION OF RECIPIENT, PROVIDER AND	211	18637	21957	3320
	1	1		BENEFIT PACKAGE.		1		-
		79	3399	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	21	1241	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8599	191	DETAIL NOT COVERED BY COMBINAT	0	1518	1819	301
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	66	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	588	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8518	77	CLAIM DENIED, SUBMITTED BEYOND	23	935	1909	974
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 = JUNE				
		8800	65	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404979	NEW RIVER AREAM	8505	117	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8599	38	DETAIL NOT COVERED BY COMBINAT	11	189	3487	3298
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				